

**Joint Commission on Services to the Aging (CSA) and State Advisory Council (SAC)**  
**Michigan Department of Health and Human Services (MDHHS)**  
**Aging and Adult Services Agency (AASA)**  
**Virtual Meeting**  
**Friday, April 16, 2021**

**MINUTES**

**CALL TO ORDER**

The meeting of the Michigan Commission on Services to the Aging was called to order at 9:02 a.m. by Commission Chair Wishart.

**CSA ROLL CALL**

The commission roll call was taken, and a quorum was present.

**CSA MEMBERS PRESENT**

Dona Wishart, Mark Bomberg, William Bupp, Georgia Crawford-Cambell, Nancy Duncan, Walid Gammouh, Peter Lichtenberg, Michael Pohnl, Bob Schlueter, Linda Strohl, and Kristie Zamora

**CSA MEMBERS EXCUSED**

Marshall Greenhut, Kathleen LaTosch, Guillermo Lopez, and Tene Milton-Ramsey

**SAC MEMBERS PRESENT**

Kristie Zamora, Chair, Audra Frye, Co-Vice Chair, Marjorie Hobe, Co-Vice Chair, Diane Bach, Alan Bond, Dennis Brieske, Beverly Bryan, Adam Burck, Glenn Clemence, Charles Corwin, Danna Downing, Sandra Falk-Michaels, Carl Gibson, Mary Jones, Ruby Kickert, Kathy Kimmel, Cynthia LaBelle, Christopher Lauckner, Kirk Lewis, Gerald McCole, Angela Perone, Ann Randolph, Patricia Rencher, Mary Anne Shannon, Joseph Sowmick, Joseph Sucher, Wendy Taylor, Elizabeth Thompson, Jo Ver Beek, Mark Weber, Lori Wells, Eric Williams, and Ex-Officio Member, Robyn Ford

**SAC MEMBERS EXCUSED**

Priscilla Kimboko, Joe Massey, Susan Vick, and Mark Weber

**AASA STAFF PRESENT**

Dr. Alexis Travis, Scott Wamsley, Brenda Ross, Kelly Cooper, Jen Hunt, Lauren Swanson-Aprill, Cindy Masterson, Kristina Leonardi, Steve Betterly, Annette Gamez, Becky Payne, and Amy Colletti.

**APPROVAL OF CSA AGENDA**

Commission Chair Wishart requested a motion to approve the CSA agenda, with the addition of an additional business item.

A motion was made by Commissioner Schlueter and Commissioner Bupp seconded motion. The agenda, as amended, was approved by voice vote.

**APPROVAL OF CSA MINUTES**

Commission Chair Wishart requested a motion to approve the March 19, 2021 CSA minutes without amendments.

A motion was made by Commissioner Duncan and Commissioner Bupp seconded the motion. The minutes were approved by voice vote.

### **APPROVAL OF SAC MINUTES**

SAC Chair Zamora requested a motion to approve the January 21, 2021 CSA minutes with noted amendments.

A motion was made by Elizabeth Thompson and Jo Ver Beek seconded the motion. The minutes, as amended, were approved by voice vote.

### **COMMISSION CHAIR OPENING REMARKS**

Commissioner Wishart noted this is an important meeting as it includes members from the State Advisory Council (SAC). She offered the following remarks:

- Welcome and special thanks to all who have joined the meeting today, which includes members of the Michigan Directors of Services to the Aging and service providers, Area Agencies on Aging representatives, Area Agency on Aging Association of Michigan representatives, MDHHS, Aging & Adult Services Agency representatives, our commissioners, members of the State Advisory Council, and our special guest presenters and public guests. We look forward to special reports and presentations, business and informational items, and our public hearing at 1:00 pm today.
- As we gather in our joint meeting, special thanks to the SAC Chair, Commissioner Kristie Zamora for her leadership. Thank you also to the members of the SAC application review team who make joining the SAC possible through the application process. We are honored to welcome the SAC leadership team: Audra Frye and Marjorie Hobe and acknowledge and remember Mr. Donald Ryan, previous SAC member who passed away in 2020. He was a stellar leader who was loved by all.
- As we have learned over time, the SAC shall advise the CSA and the AASA Director in their efforts to develop the State Plan, conduct public hearings, represent the interests of older persons, review and comment on other state plans, budgets, and policies affecting older persons, and establish policies pertaining to implementation of federal and state statutes involving funds administered by the AASA office. The council undertakes research and policy development projects as directed by the Commission. They also bring to the attention of the CSA and AASA recommendations they deem necessary to advocate issues and concerns of older persons. We are very thankful to the members of the SAC. Additional thanks to Lauren Swanson-Aprill and Kelly Cooper for their wonderful staff support of the council.
- Over the years, the SAC has done research on many important topics and the CSA will be dedicated and diligent, with the help of AASA, to distribute their report on Social Isolation widely across the state, once approved.
- On behalf of the CSA, Chair Wishart extended appreciation for the time, talents, and SAC representation from across the state. SAC members bring a passion for helping, caring, advocating, and work on the report. Each SAC member was virtually presented a certificate of appreciation, which was mailed to all SAC members following the meeting.
- We will hear from the Advocacy Committee today as well. While this committee has a short history, this group has a mission and has made significant impact through their

advocacy efforts. We remember former Commissioner, Donna Marie Brown, who built a structure for this committee. We also celebrate the team building and early actions guided by Commissioner Kathleen LaTosch, and we look forward to the continued leadership of the committee by Commissioner Nancy Duncan. Special thanks to current commissioners serving on this committee: Commissioners Bomberg, LaTosch, Lopez, and Strohl.

- AASA leadership and staff have been called upon to be agents of change. We celebrate the entire staff for their work.

### **STATE ADVISORY COUNCIL ON AGING (SAC) UPDATE REPORT**

Commissioner Zamora provided an update on the work of the SAC.

- The SAC members are amazingly generous with their time and skills. They have been dedicated to embracing new technologies during the pandemic, have shared updates from their home regions and organization affiliations, and contributed to research projects serving the entire state of Michigan.
- The last virtual meeting was held in January. AASA updates were provided, and the newest research charge of Aging in Place was launched during the meeting. Workgroups were developed that will explore and report on different aspects of aging in place. Meetings will commence soon. Workgroups and leadership are as follows:
  - Pre-planning - Sandy Falk-Michaels and Carl Gibson.
  - Exploring new home options - Pat Rencher and Eric Williams
  - Exploring the first five years of retirement - Lori Wells and Danna Downing
  - Transitions to supportive care in the home - Jo Ver Beek and Joan Massey

As more is learned about aging in place, it is anticipated that workgroups will become more refined.

- SAC members are hoping to promote the Michigan Senior Citizen of the Year nominations. Council member Denny Brieske has agreed serve on the nomination committee again this year.
- The 2020 Annual Report – “Social Isolation with a Focus on Equity” is being presented as a business item. This represents the culmination of extensive research and thought-provoking input from across the state’s 16 AAA regions. In addition to feedback later in this meeting, Commissioners and SAC members are welcome to email edit suggestions and/or comments to Chair Zamora or Lauren Swanson-Aprill before next Friday, April 23. The writing team will then work diligently to incorporate suggestions into the report recognizing feedback adds strength to the publication. While all SAC members contributed to the development of the report, special recognition was given to Co-Vice Chair Marj Hobe and council member Elizabeth Thompson.
- The SAC has been invited to present the 2020 report at the upcoming Area Agencies on Aging of Michigan virtual conference June 15 & 16, 2021.
- In future meetings, the SAC will be reviewing its bylaws and applications for individuals interested in joining the council.
- Thank you offered to Co-Vice Chairs Marj Hobe and Audra Frye, and Lauren Swanson-Aprill and Kelly Cooper with AASA for all their support of the SAC.
- Commissioner Zamora shared several slides outlining information on development of the SAC Annual Report. The slides are included with the CSA members’ minutes.

### **CSA ADVOCACY COMMITTEE REPORT**

Commissioner Duncan provided an update on the work of the committee.

- The Advocacy Committee has been discussing their role in advocating for the state budget. The governor has presented her budget and it is now before the legislature in committees. The Advocacy Committee recommends the CSA share with the legislature the recommendations for increased funding for older adults via a letter to special committees, the state budget director, and the director of MDHHS (this letter was provided to the CSA members for review). After that, it is recommended all CSA and SAC members share the letter with their state representatives and senators. The goal is to reach the legislature either on or before May 10, which is the beginning of Older Michiganians Week. The Advocacy Committee asks for concurrence from the CSA to send the letter to legislative leadership which supports the budget within the next couple of weeks. The contents of the letter were discussed.

Commissioner Duncan requested a motion to approve the letter, drafted by the Advocacy Committee and signed by CSA Chair Wishart and Advocacy Committee Chair Duncan, be approved for transmission to House and Senate Appropriations chairs, Health and Human Services Subcommittees, the State Budget Director and the MDHHS Director. The motion was made by Commissioner Strohl. Commissioner Gammouh seconded the motion.

Additional discussion followed and the motion was approved by roll call vote 11-0-0.

- Commissioners are asked to provide any feedback received after sharing the letter with Chair Duncan or Jen Hunt.
- Still working to finalize a meeting with Medical Services Administration to discuss the commission's recommendations regarding direct care workers and additional federal support for training and continued study of balance in long-term services and supports.
- Tracking legislation around senior issues, specifically elder abuse. If advocacy efforts are deemed necessary, this will be shared with the CSA.
- Looking into ways to support Alzheimer's Awareness month in June.
- If the SAC report is approved today, the Advocacy Committee will investigate activities to recommend for full CSA support, and will work to broadly distribute the report.

## **AGING AND ADULT SERVICES SENIOR DEPUTY REPORT**

Dr. Alexis Travis provided the following updates:

- COVID-19 cases:
  - 857,774 total cases in Michigan
    - 175,997 in adults 60+ (21%)
  - 17,817 total deaths in Michigan
    - 15,863 deaths in adults 60+ (89%)
  - Daily confirmed cases on April 15, 2021 were 6,303.
  - Daily confirmed deaths on April 15, 2021 were 112.
- Vaccination updates:
  - 5.6 million Michiganders vaccinated to date.
    - 42% of adults 65+ have had their first dose.
    - 27.5% of adults 65+ have completed their doses.
    - 70.5% of total population have had their first dose.
  - AASA has received just under \$3 million from Public Health Administration to assist with older adults receiving their vaccines. This will be done through sharing information, education, and work with local public health departments.
- The technology platform GetSetUp currently has 75,000 users in Michigan.

- Working with Medical Services Administration to support vaccinations for homebound individuals. AAAs are working with local health departments on this effort. There have been an additional 88,000 individuals identified as still needing the vaccine.
- Continuing to work with Protect Michigan Commission (PMC) Seniors Workgroup.
  - Digital Ambassadors are being identified to share information provided by PMC, e.g., dispelling myths and the safety and efficacy of the vaccine, on their social media networks. Anyone interested to participate can contact [ProtectMICommission@michigan.gov](mailto:ProtectMICommission@michigan.gov) for more information.
  - Real Talk Testimonials are being done by fully vaccinated individuals who can share their experience to encourage those who may be apprehensive about the vaccine. These are short telephone calls.
  - Postcards will be delivered to the homes of older adults, inserted with home-delivered meals. An additional mailing, reaching a broader audience, will contain information about how and where to get vaccinated.
- Earlier this week, Deputy Director Wamsley presented the FY 22 proposed Governor's Investment in Aging Services on a statewide webinar.
- AASA's vision for the aging population in Michigan is that all Michiganders will be able to thrive as they age. Along these lines, AASA is launching Advancing Equity Through Systems Change. A series of sessions engaging 150 individuals from the aging network with trainings around health equity, systems change, and how to use policy and programmatic change to move the work forward and effectively meet the needs of older adults. There will be CSA, SAC, AAA, COA, MSA, APS representation for this 2-year project.
- Strategic priority updates for Direct Care Workers (DCW):
  - Working to increase capacity. Have engaged in a contract with the Centers for Healthcare Strategies, with funding from the Michigan Health Endowment Fund, to conduct an environmental scan of the workforce both here in Michigan and nationally to determine what is working and best practices. A comprehensive action plan will be presented at the conclusion of the project.
  - A Stay Well webinar will be held on April 26, 2021. During this time of COVID, there has been a psychological burden on caregivers, and the hope with the webinar is to offer support.
  - A \$2.25 increase for DCW pay is in place through FY 21. The governor also recommends a permanent increase starting in FY 22.
  - The Connect to Care jobs platform is still seeing an increase in users, both employers and job seekers.
  - The DCW Registry has been approved by MDHHS. All workers in the state will be listed. The list will include background checks and experience. The goal is to assist those looking for DCWs in locating them more easily and to develop a comprehensive list of credentialed DCWs in Michigan.
- MDHHS has approved AASA to create a tollfree Information and Assistance line for older adults looking for local services.
- Working with AAAs on business acumen as it relates to home and community-based services and ensuring continuity of care. Working with Michigan Public Health Institute and Dave LaLumia with 4AM on the initiative.
- AASA is sharing the CSA appointment process broadly in the aging network and with other stakeholders. Looking forward to supporting the commission as opportunities for new appointments continue.

- This is National Volunteer Month and Dr. Travis acknowledged all the phenomenal volunteer services and programs that support Michigan's aging network. Thank you for all you do every day to support the older adults in Michigan.

## **LEGISLATIVE AND COMMUNICATIONS UPDATES. AASA PUBLIC AFFAIRS**

Jen Hunt, State Assistant Administrator, provided detailed updates around the Older Michiganians Day and Senior Action Day. Event details were shared via Power Point and the presentation is attached to the minutes.

## **FINANCIAL UPDATES**

Scott Wamsley, AASA Deputy Director, provided the following updates:

- Based on the timing of this month's meeting, the second quarter reporting for expenditures has not been completed but will be available at the next meeting. The following updates were shared:
- **FY 2021 Budget**
  - State and federal budgets are in place for FY 21 for routine federal and state funds. Not aware of any issues that could impact routine FY 21 funding. Some supplemental funding has been received and AASA finance staff is preparing:
    - Under Public Act 2 of 2021 the following authorizations:
      - ✓ 1/4 of the \$5,303,694 Nutritional Supplemental Grant was appropriated. AASA continues working with the budget team to have the authorization increased to allow awarding the full amount. The SGA was issued for \$1,258,295.
      - ✓ The Public Health Administration received partial authorization for their Immunization Grant and authorized AASA to award the \$2,912,800 in federal funding to the AAAs. Work plan being finalized and guidance to the AAAs should be distributed early next week.
    - Two new grants were awarded to AASA on April 1:
      - ✓ Ombudsman Program - \$126,278
      - ✓ Adult Protective Services - \$2,868,691.

The State Budget Office has notified the legislators that authorization is needed to spend these funds. No action has been taken yet.

- Anticipating additional funding under the American Rescue Plan Act for support services, congregate and home-delivered meals, preventative services, family caregivers, and Title VII long-term care ombudsman.
- Working with the MDHHS budget team to ensure a request is made to receive authorization to spend these funds.
- **FY 2022 Budget**
  - Federal Budget
    - ✓ The President has submitted a budget plan for FY 22 that includes increases across most federal agencies including the Department of Health and Human Service. The proposed budget plan will now go through the congressional budget process. AASA is monitoring.
  - State Budget
 

The executive budget for FY 20 has been released and the AASA Senior Deputy Director testified virtually to the legislative appropriation committees. The summary provided information on the AASA budget and other state budget items that impact older adults.

- ✓ Regarding FY 22, AASA has presented their budget requests and the decision process currently lies in the legislature. Due to funding received from many sources, it is possible unused monies will need to be carried over for use in FY 22. The process of ensuring approval for this is underway.

## **BUSINESS ITEMS**

### **a. Request for Approval of State Advisory Council (SAC) Report**

Commissioner Kristie Zamora, SAC Chair, Audra Frye and Marjorie Hobe, SAC Co-Vice Chairs, and Pat Rencher, Joseph Sowmick, Adam Burck, and Elizabeth Thompson, SAC members, provided explanation of the report and via Power Point presentation. The slides are included with the minutes.

A motion was made by Commissioner Bupp to approve the Request for Approval of the State Advisory Council report. Commissioner Duncan seconded the motion.

Additional discussion followed and the motion was approved by roll call vote 10-0-0.

### **b. Request for Approval of Care Transitions – Hospital Readmission Reduction Expansion Initiative**

Steve Betterly, Manager, Technical Assistance and Quality Improvement Section, provided explanation stating the purpose of this initiative is to develop pre- and post-hospital discharge supports and services best practices for seniors age 60+. The aim is to develop processes across the state of Michigan for reducing hospital readmissions for the same diagnosis within a 30-day time frame. The grant will fund analytical support needed to collect, analyze, and evaluate best practice data as well as miscellaneous supplies.

A motion was made by Commissioner Bomberg to approve the Request for Approval of Care Transitions – Hospital Readmission Reduction Expansion Initiative. Commissioner Duncan seconded the motion.

Additional discussion followed and the motion was approved by roll call vote 10-0-0.

### **c. Request for Approval of Open Meetings Act waiver to allow Area Agencies on Aging Board of Directors virtual meetings**

Scott Wamsley, AASA Deputy Director provided an explanation stating under Senate Bill No. 1246, there are caveats and limitations for virtual meetings occurring after March 31, 2021. After this date and through December 31, 2021, virtual meetings are allowed if a member(s) is away due to military service, medical condition, or due to a statewide emergency. As part of the preparations for this waiver, AASA has reviewed the Commission on Services to the Aging approved definitions, standards, compliance, indicators, and requirements for the area agencies on aging, grantee agencies and services programs to identify potential administrative policy waivers that can support the aging network's COVID-19 response. Requirements were summarized in the CSA memo provided to commissioners.

A motion was made by Commissioner Strohl to approve the Request for Approval of Open Meetings Act waiver to allow Area Agencies on Aging Board of Directors virtual meetings. Commissioner Bomberg seconded the motion.

Additional discussion followed and the motion was approved by roll call vote 10-0-0.

### **INFORMATIONAL ITEMS**

**a. Tools for Life; An Exploration on the Value of Personal Science for Care, Wellbeing and Community in Michigan**

Presented by Rajiv Mehta, CEO, Atlas of Care

Mr. Mehta updated on the work of the “We All Care” initiative that occurred in partnership with many organizations across Michigan. The project focus was around the question “If you help individuals see our lives more clearly, see the impacts of day-to-day living on wellbeing, would it have a positive impact?” He shared some sample conversations that occurred during the project. The link to the full report can be found: [bit.ly/WACI\\_Report](https://bit.ly/WACI_Report)

CSA members were also provided with a 1-page document describing the project.

**b. AASA Diversity, Equity, and Inclusion Data Collection Update**

Presented by Scott Wamsley, AASA Deputy Director.

AASA is focusing on gender and sexual orientation to ensure that service to the network is inclusive. Working with the AASA Diversity, Equity and Inclusion (DEI) committee to identify who is being served as well as underserved. The intention is to expand data collection efforts to ensure inclusivity across all populations.

AASA has taken the following steps toward this work:

- Met with AAA leadership and Michigan Directors of Services to the Aging to discuss how to make these changes and implement services.
- Met with AAAs already implementing this work to identify successes and how their data collection has changed when looking through the DEI/LGBTQ lens.
- Met with IT to discuss software changes and the necessary logistics.

Data collection generally begins at the start of a fiscal year, however, in this instance, the work will begin now so that on October 1, 2021, all new processes will be firmly in place.

### **ANNOUNCEMENTS**

The next *virtual* Commission on Services to the Aging meeting is tentatively scheduled for 9:00 a.m. on Friday, May 21, 2021. A public hearing will follow the meeting at 1:00 pm.

Please note, these meetings are open to the public, and anyone wishing to attend may do so.

Anyone needing technology assistance should contact Brenda Ross at [rossb11@michigan.gov](mailto:rossb11@michigan.gov) at least five days before the meeting date.

### **ADJOURN**

Commissioner Wishart adjourned the meeting at 12:29 pm.



## **PUBLIC HEARING**

The public hearing was called to order by Commission Chair Wishart at 1:00 pm. Commissioners introduced themselves to guests. Commission Chair Wishart offered guidelines for those wishing to speak to the commission.

Katie Wendell, with the Silver Key Coalition, addressed the Commission. Thank you to the Commission for advocating for increased funding for in-home and nutrition services for the older adult communities. Voices are stronger when everyone speaks together. The coalition appreciates the thoughtful and data-driven approach that the CSA and the Advocacy Committee have taken to address these issues. The coalition has been meeting with legislators to discuss FY 22 advocacy requests and now is a critical time as decisions are currently being made. On behalf of the entire Silver Key Coalition, thank you for your efforts and please let the coalition know how it can partner with the CSA and Advocacy Committee.

Elizabeth Miles, an advocate for senior communities, addressed the Commission. She provided her testimony in writing, which is included with the minutes.

Marjorie Hobe, from Liberty Township, addressed the Commission. She provided her testimony in writing, which is included with the minutes.

Lori Wells, with PACE North, addressed the Commission. She provided her testimony in writing, which is included with the minutes.

In the absence of any additional public comment request, Commission Chair Wishart declared the public hearing adjourned at 1:23 pm.



# JOIN US



## SENIOR ACTION WEEK • MAY 10-14, 2021

Join the Area Agencies on Aging Association and community partners in a week of advocacy!

Learn about our top five advocacy priorities and why they are so important to older adults in Michigan. Help us rally to protect these vital services that allow seniors to age with dignity and independence in their own homes.

Monday	Rebalance Community-Based Long-Term Services & Supports (LTSS) Funding
Tuesday	Increase Access to Non-Medicaid Home & Community-Based Services
Wednesday	Bridging the Digital Divide for Older Adults
Thursday	Support & Strengthen the Direct Care Workforce
Friday	Establishment of a Kinship Caregiver Navigator Program

## LIVESTREAM EVENT • WEDNESDAY MAY 12 • 10:00-11:30AM

Hear from legislators on important issues that impact Michigan's most vulnerable population.

Join the Livestream Event: <https://zoom.us/j/96885691099?pwd=TS9JS2JoRiRiQIE4MnpIR2syMXk3QT09>

Meeting ID: 968 8569 1099

Passcode: 616294

Join via phone: 1-646-558-8656

# Monday

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Promote the MI Choice waiver program, expand access for all who qualify, and seek program improvements which will allow MI choice to serve Medicaid beneficiaries more effectively. This includes rebalancing of Medicaid funding.



## Senior Action Week

Join Us in a Week of Advocacy to Protect  
Services That Allow Seniors to Age with  
Dignity & Independence in Their Own Homes

Monday May 10, 2021

### Focus:

Rebalance Community-Based  
Long-Term Services  
and Supports (LTSS) funding.

### Action:

Ask your legislator to appropriate funds to  
rebalance MI Medicaid LTSS funding.  
Achieve a goal of at least 50% for Home  
and Community-Based Services.



Take Action May 10-14, 2021  
Visit [www.4ami.org/events](http://www.4ami.org/events)  
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## **REBALANCE COMMUNITY-BASED LONG-TERM SERVICES AND SUPPORTS (LTSS) FUNDING**

Michigan continues to rank below many other states in terms of the large proportion of taxpayer dollars we spend on institutional care in nursing homes compared to the smaller share of resources that go to provide long term care for older adults in home and community-based settings (HCBS). In fiscal year 2016, 57% of Medicaid long-term services and supports (LTSS) care delivered in the U.S. was through HCBS. In Michigan, only 40% went to HCBS that year, while 60% went to care in institutional settings. Michigan can strengthen the HCBS model of service delivery for individuals receiving Medicaid LTSS by building upon the successes of Michigan's Medicaid HCBS program, known as MI Choice. Furthermore, MI Choice has demonstrated that care delivered in the home is more than 55% less expensive than having the same person moved into a nursing facility or institutional setting.

**ACTION:** Appropriate funds to rebalance Medicaid LTSS funding in Michigan to achieve a goal of at least 50% going to HCBS.

# Tuesday

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Expand access to home & community-based services for older adults and persons with disabilities who are not Medicaid beneficiaries.



## Senior Action Week

Join Us in a Week of Advocacy to Protect  
Services That Allow Seniors to Age with  
Dignity & Independence in Their Own Homes

Tuesday May 11, 2021

### Focus:

Increase access to Home and  
Community-Based Services.

### Action:

Support Silver Key Coalition's request for  
a \$6.375 million increase for Aging & Adult  
Services Agency's (AASA) in-home  
services and a \$1 million increase for  
home delivered meals in AASA's  
Fiscal Year 2022 budget.



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## **INCREASE ACCESS TO HOME AND COMMUNITY-BASED SERVICES**

In Michigan, 6,104 seniors are on waiting lists for essential non-Medicaid in-home services. Research shows older adults who receive in-home services are five times less likely to have been in a nursing home than those who remained on a wait list. Aging and Adult Services Agency (AASA) funded in-home services include home delivered meals, personal care, homemaking and respite care that delay or prevent the need for more costly long-term care interventions.

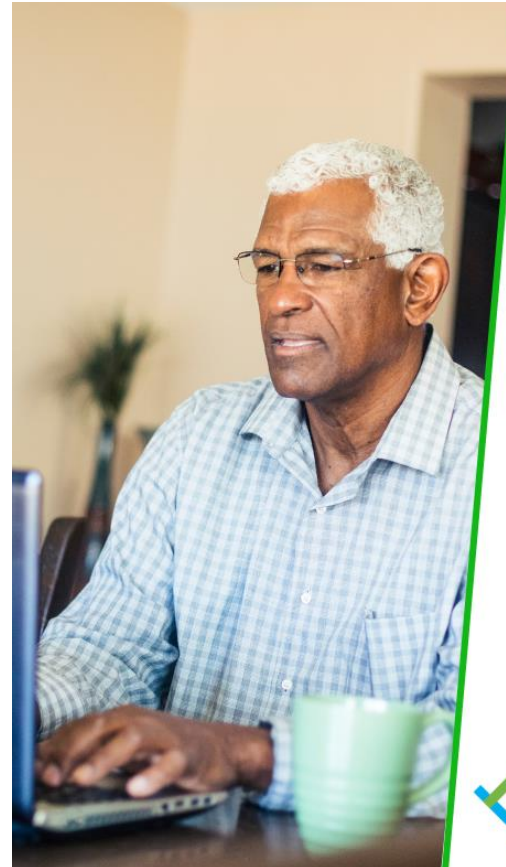
**ACTION:** Support the Silver Key Coalition's request for a \$6.375 million increase for AASA in-home services and a \$1 million increase for home delivered meals in AASA's FY 2022 budget.

# Wednesday

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**Special livestream at 10 a.m.  
with legislative leadership.**

Urge policymakers to expand  
access to affordable, reliable  
high-speed Internet for all  
Michigan residents, regardless  
of where they live in the state.



## **Senior Action Week**

Join Us in a Week of Advocacy to Protect  
Services That Allow Seniors to Age with  
Dignity & Independence in Their Own Homes

**Wednesday May 12, 2021**

**Focus:**

Bridging the digital divide for older adults.

**Action:**

Expand access to affordable, reliable high-speed Internet for all Michigan residents, regardless of where they live in the state.

**Action:**

Provide funding for digital education for older adults.



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## BRIDGING THE DIGITAL DIVIDE FOR OLDER ADULTS

Broadband access can reduce isolation, improve health outcomes and help lower health care costs. Stark disparities currently exist regarding access, with rural and low-income Michiganders impacted negatively. Part of the digital divide for the 60 and older population stems from a lack of broadband infrastructure where they live, and part is due to a lack of know-how when it comes to using the Internet, computers, and smart devices. The COVID-19 pandemic magnified the negative effects, as older adults without Internet access faced added difficulties signing up for vaccines, participating in contact tracing, and had fewer outlets to combat isolation during quarantine.

**ACTION:** Ensure the infrastructure is in place. We urge policymakers to expand access to affordable, reliable high-speed Internet for all Michigan residents, regardless of where they live in the state.

**ACTION:** Digital education for older adults. We urge policymakers to provide funding for educational programs targeted at older adults making use of collaborative models that provide training and pre-loaded technology for program participants.



# Thursday

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Advocate for increased pay for all direct care workers and support quality training programs which produce increased career opportunities.



## Senior Action Week

Join Us in a Week of Advocacy to Protect  
Services That Allow Seniors to Age with  
Dignity & Independence in Their Own Homes

Thursday May 13, 2021

### Focus:

Support and strengthen the  
caregiver workforce.

### Action:

Support the Governor's request to  
make a \$2 per hour wage increase for  
direct care workers permanent in  
fiscal year 2022.

### Action:

Support policies that provide quality training,  
increased career opportunities, and higher  
quality of life for caregivers.



Take Action May 10-14, 2021  
Visit [www.4ami.org/events](http://www.4ami.org/events)  
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## **SUPPORT AND STRENGTHEN THE CAREGIVER WORKFORCE**

Direct care workers (DCW) provide essential care that enables people to continue living in their own homes and communities. The population of individuals over age 75 is expected to grow by over 500,000 in the next 20 years. It is currently estimated that Michigan has a shortage of 34,000 DCW. AARP reports that nearly 90% of those over age 65 want to stay in their own homes, but to do so that may need help. Many DCW workers report they are not adequately compensated or trained for the work they perform. Thirty-five percent (35%) of Michigan DCW report receiving food stamps, 34% report they lack affordable housing, and 22% live below the poverty line.

**ACTION:** Support the Governor's request to make the \$2 per hour wage increase for DCW permanent in FY 2022.

**ACTION:** Support policies that provide quality training, increased career opportunities, and higher quality of life for caregivers.

# Friday

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Ask Legislature to revisit the establishment of the Kinship Caregiver Navigator program at the state level to assist kinship caregivers in attaining resources and training.



## Senior Action Week

Join Us in a Week of Advocacy to Protect  
Services That Allow Seniors to Age with  
Dignity & Independence in Their Own Homes

Friday May 14, 2021

### Focus:

Establishment of a Kinship Care  
Navigator Program.

### Action:

Revisit establishing a Kinship Care  
Navigator Program at the state level to  
assist caregivers in obtaining resources  
and training to help the family thrive while  
the children successfully grow into  
adulthood in a family environment.



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## **ESTABLISHMENT OF A KINSHIP CARE NAVIGATOR PROGRAM**

Kinship Care is the full-time care, nurturing, and protection of a child by relatives or other adults who have a family relationship to a minor child. Grandparents often serve this role. In Michigan, approximately 52,000 children live in kinship families and the need continues to rise. Research suggests that kinship care offers greater stability for children who are living with their relatives. Support is needed to assist kinship caregivers in addressing barriers to accessing crucial resources.

**ACTION:** Ask the Legislature to revisit the establishment of a Kinship Care Navigator Program at the state level to assist kinship caregivers in obtaining resources and training to help the kinship family thrive while the children successfully grow into adulthood in a family environment.

# Senior Citizen of the Year

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- Nominations due **April 21**
- Eligible Nominees
  - Must be age 60 or older.
  - May be employed at the time of nomination, however, it is volunteer work that will be judged.
  - Are available to attend a **virtual** award presentation.
  - Have been nominated by an organization, not an individual.
- Winner will be recognized during Senior Action Week
- Questions: Julia Thomas at [thomasj39@michigan.gov](mailto:thomasj39@michigan.gov)
- Newsroom section of AASA website (Michigan.gov/AASA)

# Beyond OMD

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- Attend virtual coffee hours
- Sign up for your state rep/state senator newsletter
- Write a letter to the editor of your local newspaper with a specific ask or call to action
- Share stories tied to a specific ask

# Other upcoming opportunities

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## ADVOCATING FOR CHANGE: OLDER ADULTS & ORAL HEALTH CARE

Save the date

Five States Come Together to Tackle this Problem



### Breaking Down Barriers to Oral Health Care

*Please join us later this month for Advocating for Change: Older Adults and Oral Health Care, a viewing and discussion of the Burr Foundation video Hidden Pain: America's*

**APRIL 27, 2021  
4:00-5:30 PM  
Details to follow**

### **Questions?**

*Please contact Host Committee member: Ellen Sugrue Hyman at [hyman@mohc.org](mailto:hyman@mohc.org)*

# Other upcoming opportunities

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Hello! We are so excited for you to join us for the 2021 Alzheimer's Impact Movement (AIM) Advocacy Forum. We would like to ask a few questions to make this virtual experience as personalized as possible. If you would like to learn more about the event, please visit [alz.org/forum](https://alz.org/forum). If you have any questions, please reach out to your local Public Policy staffer or send an email to [advocate@alz.org](mailto:advocate@alz.org).

## CONNECT



## REGISTER TODAY!

**Networking & On Demand Content: May 17-19, 2021**

**Live Event: May 19, 2021 at 7pm EDT**

The following information helps the Alzheimer's Association plan future events. Please select a response for each question.  
(\*Denotes required field.)

\*Please select the registration category that best describes you:

(select) ▼

\*First Name

(required)

\*Last Name



Greetings Commission on Services to the Aging (CSA) board members,

My name is Elizabeth Laster-Miles. I consider myself a servant leader and more importantly an advocate for seniors in my community. I want to thank you for the opportunity to speak with you today. I'd like to draw your attention to some legislation facing seniors and PACE programs, specifically Senate bill 203 and House Bill 4432.

PACE Southeast Michigan is a health plan and health provider that cares for seniors in southeast Michigan to help them remain independent and out of a long-term care facility. Its wraparound services cover the complete continuum of care.

For the last three years, a for-profit PACE program from Colorado – Innovage - has been trying to make inroads into our service area. Traditionally, there has been one PACE program per service area as recommended by the Centers for Medicare and Medicaid Services (CMS). This is to prevent duplication of services and prevent an existing PACE program from facing financial peril after investing millions in a community.

Senate Bill 203 (sponsored by Sen. Curt VanderWall from the west side of the state) and House Bill 4432 (sponsored by Rep. Karen Whitsett) is legislation that was written to direct our state to open our service area to Innovage. This legislation is specific to our region and allows this PACE program to jump to the front of the line and have priority while stretching already limited Medicaid resources.

Further, there is currently a moratorium on PACE expansion due to the state budget deficit. It is difficult to comprehend why an out-of-state provider would be allowed to open a center when all of the existing PACE programs in Michigan have had to pause their growth plans because there is not enough funding.

This legislation is a disservice to seniors in southeast Michigan and beyond. Michigan seniors deserve better. We need our state representatives and senators to vote no on this bill.

I am grateful for the opportunity to bring this information the commission.

Thank you,

## Statement of Marjorie Hobe to the Commission on Services to the Aging

My name is Marjorie Hobe of Liberty Township, Jackson County. I thank the Commissioners for the opportunity to provide comments.

The recent report on Social Isolation with a Focus on Equity (the report) provided several suggestions to minimizing social isolation in the elderly. Many of the solutions that have been implement by the local Area Agencies on Aging and others rely upon the internet to engage the elderly in maintaining social activities. These programs have had good acceptance by the communities where they have been realized. These programs rely on an affordable and robust internet service. My experience with internet services has been patchy, at best.

I refer to where I live as being in the back of beyond or in the great dismal. I live within one hour of Battle Creek, Lansing, and Ann Arbor and within a 10-minute car ride of the City of Jackson. All these locations have cable access to the internet. I have wireless broadband, which is kludge (yes, it is a technical term) at best—a bad assortment of parts combined for a certain purpose.

The National Digital Inclusion Alliance, referenced in the report, states the internet service should be broadband. Broadband, as defined by the FCC is “25 Mbps down/3 Mbps up is the minimum standard for **broadband**.” The report provides a map of broadband services area in and those where the FCC service is available. I happen to live in an area where the service is available, and I do have wireless access to the internet. The laptop I routinely use to volunteer

for the Medicare/Medicaid Assistance Programs in AAA Region 2 and the SAC has the capability to download and upload at 25 Mbps. However, the actual speed I receive is, at times, less, at about 10 Mbps. This speed varies with the time of day and with the amount of data I have used.

The time of day is affected by the number of users in the area attempting to gain access through wireless service since we have no cable where I live. The more of us using the service results in slower speeds in getting and receiving information. I have lost access due to the number of users. I will lose access usually around the 3 pm to 10 pm time frame, not continuously but sporadically. I can only surmise it is because of the children getting home from school and people returning home from work. More people logging on results in slower access or download times so long that they are suspended because they took so long.

The second reason I mentioned is the amount of data I have used. I do use a lot of data for my volunteering and entertainment. I have an unlimited data plan, which is not inexpensive, and I am lucky enough to be able to afford the cost. So far. But as we all know, the service providers slow service as various levels of data are used. I have lost service once, which is why I switched to an unlimited plan. I know that the slowing of service also makes the down/uploads slower and can be interrupted.

Many of us use Zoom, or Team Meetings, or Skype to stay in touch and avoid the social isolation the current pandemic has brought to us. The internet has become our lifeline in keeping in touch, maintaining our sense of worth through volunteering, shopping and deliveries, and other activities such as exercising that were mentioned in the report.

I would encourage the Commissioners to become proponents for change in encouraging the MPSC to get ISPs to provide more broadband access and to increase the amount of data received without the increase in cost. All of us whether older, younger, or middle-aged Michiganders living in the back of beyond would like either to have cable access or more access points for wireless.

There are other issues with the use of technology as the answer to everything, especially social isolation. Many do not have access to devices that would connect them with others. Many do not have the skills to use such devices. There are programs and services that can help but not without affordable access.

Thank you for this opportunity to provide feedback and thank you for your efforts on the behalf of all who are aging gracefully.

April 15, 2021 Public Comment Commission on Service to the Aging Board of Directors

Submitted by: Lori Wells 3262 Hunters Ridge Traverse City, MI lwells@pacenorth.org

Good Morning Commissioners:

I am here this morning to advocate for legislation that would allow PACE programs in Michigan to serve more seniors. For those of you unfamiliar with PACE – PACE stands for Programs of all-inclusive care for the elderly. There are 138 programs in 30 states in the Country and 14 in the State of Michigan. PACE programs are a community-based service delivery program that give adults 55 and older an alternative to institutional care.

PACE programs are both a person's primary care provider and their medical insurance plan. Dual eligible participants have zero out of pocket expense for Medicaid covered services. PACE programs provide nursing home level of care for the participant who can live safely and independently in the community with this support.

There is currently Senate Bill 203 which mirrors House Bill 4432 being considered. These bills are being pushed through the Health Policy Committee to allow a for-profit corporation to come into Michigan and be approved within 90 days. They are pushing to do this due to the "areas of unmet need" (as defined by this corporation) in the State. PACE North has requested permission to expand our program to reach more seniors and have been told that due to COVID, there is a moratorium on expansion – yet there is a Bill under consideration to bring in another provider? How does this make any sense? I understand there are at least FIVE other PACE programs in Michigan that have requested the expansion option. Our current PACE programs, are performing well and want to expand – WHY can't we?

I am here to advocate for legislative support to open up enrollment options and break down existing barriers for seniors to enroll in PACE programs before considering bringing a for-profit into the State. The following points are areas that need our legislators attention:

1. The Requirement to enroll PACE participants only on the 1<sup>st</sup> of the month. Nursing home and MiChoice Waiver programs can enroll a senior when they need the help – why do PACE enrollees have to wait for services until the 1<sup>st</sup> of the month?
2. Medicaid is not retroactive for PACE enrollees, yet it is for nursing home and MiChoice waiver programs. Why? PACE enrollees have been determined to require nursing home level of care, yet they are not eligible for Medicaid reimbursement until after it has been approved? Most enrollees to PACE are clearly eligible for Medicaid, but the paperwork process takes time – meanwhile they have to sit at home, often alone, and WAIT for the paperwork to go through the system – but not for other home and community based services – WHY?
3. We must look at the minimum monthly income allowance for home and community based services – someone who is \$1 over income is 100% ineligible for PACE and other home and community based services. Why can't we have a patient pay amount like nursing homes do for those who are over income? Someone who has that level of income can not afford assisted living or private home care – so but for \$1, their only option becomes institutionalized care. We MUST do better for our seniors and we can with simple changes to legislative laws.

Thank you.